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APPLICANTS

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** CONTINUING DATA *OK. AR 12/28/04*
This appln claims benefit of 60/258,390 12/27/2000

** FOREIGN APPLICATIONS *None. AR 12/28/04*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 01/17/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 12	TOTAL CLAIMS <i>2815</i>	INDEPENDENT CLAIMS <i>84</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Amiradhe Ramana AR</i>	INITIALS <i>AR</i>		
Verified and Acknowledged				

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TITLE

Prosthesis evaluation assembly and associated method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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